DHS Extract Information

Field Name		Description	Type & Length	Comments
PATIENTID		The 10-digit Medicaid ID assigned to the member.	VARCHAR2(12)	
PATIENTDOB		The date of birth for the member. Format = CCYYMMDD	DATE	
PATIENTGENDER		Indicates the sex of the member. **Valid Values:** U - Unknown M - Male F - Female	VARCHAR2(1)	
PRODUCT			VARCHAR2(3)	Default to "HMO"
LINEOFBUSINESS		This is a group of covered services (benefits) where the recipient is assigned to a provider organization (MCO) in order to receive covered services (benefits (Assignment_plan)). The services are reimbursed on capitation basis.	VARCHAR2(5)	
ENCOUNTERTYPE		Encounter type code. Values are I=inpatient, O=outpatient and M=medical. Note Pharmacy encounters were stopped as of 2/1/2008.	VARCHAR2(1)	

CLAIMID	HMO_ID: The provider ID assigned to the HMO that sent the encounter record. RIN: This is a 30-character control number (Record Identifier Number) assigned by the HMO.	VARCHAR2(8) + VARCHAR2(30)	
CLAIMSEQNUM		VARCHAR2(3)	For HMO claims, default to "001".
CLAIMSTATUS		VARCHAR2(1)	DHS only stores accepted records. Default to "A"(Accepted)
CLAIMLINESTATUS		VARCHAR2(1)	DHS only stores accepted records. Default to "A"(Accepted)
PAIDDATE	The date the encounter record was processed by the Managed Care Organization (MCO).	DATE Format = CCYYMMDD	
SERVICESTARTDATE	The from date of service (or the first date of service) on an encounter record.	DATE Format = CCYYMMDD	
SERVICEENDDATE	The to date of service (or the latest date of service) on an encounter record.	DATE Format = CCYYMMDD	
SERVICEUNITS	This is the quantity of services or drugs provided.	NUMBER(9,3)	
DIAGNOSISCODE1	The ICD-9 diagnosis code for the principle diagnosis of the	VARCHAR2(7)	
DIAGNOSISCODE2	The second diagnosis code for the recipient.	VARCHAR2(7)	DHS uses standard national code set.
DIAGNOSISCODE3	The third diagnosis code for the recipient.	VARCHAR2(7)	
DIAGNOSISCODE4	The fourth diagnosis code for the recipient.	VARCHAR2(7)	
DIAGNOSISCODE5	The fifth diagnosis code for the recipient.	VARCHAR2(7)	

PROCEDURECODE	This is the procedure code that identifies the service that was performed. It can be a CPT or HCPCS procedure code.	VARCHAR2(6)	DHS uses standard national code set.
MODIFIERCODE	The first 2-character modifier code which further identifies the procedure. **Modifier Code values will be provided.**	VARCHAR2(2)	Modifier Code values will be provided.
MODIFIERCODE2	The second 2-character modifier code which further identifies the procedure. **Modifier Code values will be provided.**	VARCHAR2(2)	
REVENUECODE	The 4 digit institutional revenue code. **Revenue Code values will be provided.**	VARCHAR2(4)	Revenue Code values will be provided.
PLACEOFSERVICE	The two-digit national place of service code that identifies where the service was provided, such as in an office, clinic, hospital, at home, etc.	VARCHAR2(2)	DHS uses standard national code set.
TOTALCHGAMT	The dollar amount that would have been charged for this service.	NUMBER(10,2)	
ALLOWEDAMT	The allowed amount for the encounter detail, based on ForwardHealth InterChange pricing methodology.	NUMBER(10,2)	

TPLAMT		The dollar amount that was paid by third party.	NUMBER(10,2)	
PROVIDERID		The provider ID assigned to the clinic or group that would "bill" for this service.	VARCHAR2(15)	